

PROGRESS REPORT PURPOSES

Progress Reports have two (2) purposes:

- Progress Reports provide information that the Office of Primary Care and Rural Health (PCRH) must provide to the Legislature in an annual report.
- Progress Reports are intended to evaluate the Project's progress. If the Legislature appropriates funds for State Fiscal Year (SFY) 2008-2009, the Progress Report due April 15, 2008 may be a required part of the SFY 2008-2009 grant application. One of the criteria for future grant awards will be the timeliness and completeness of the submitted Progress Reports.

PROGRESS REPORT DUE DATES

CONTINUATION PROJECTS: Cumulative Progress Report Schedule and Coverage		
Date Progress Report Due to DEPARTMENT		Grant Period Covered by Progress Report
First Reporting Period Progress Report:	February 15, 2008	December 1, 2007 thru January 31, 2008
Second Reporting Period Progress Report:	April 15, 2008	December 1, 2007 thru March 31, 2008
Third Reporting Period Progress Report:	June 15, 2008	December 1, 2007 thru May 31, 2008
Final Reporting Period Progress Report:	July 15, 2008	December 1, 2007 thru June 30, 2008

NEW PROJECTS: Cumulative Progress Report Schedule and Coverage		
Date Progress Report Due to DEPARTMENT		Grant Period Covered by Progress Report
First Reporting Period Progress Report:	December 15, 2007	October 1, 2007 thru November 30, 2007
Second Reporting Period Progress Report:	February 15, 2008	October 1, 2007 thru January 31, 2008
Third Reporting Period Progress Report:	April 15, 2008	October 1, 2007 thru March 31, 2008
Fourth Reporting Period Progress Report:	June 15, 2008	October 1, 2007 thru May 31, 2008
Final Reporting Period Progress Report:	July 15, 2008	October 1, 2007 thru June 30, 2008

The PCRH reserves the right to request additional information and/or corrections to the Progress Reports *before* GRANT payments are authorized. The Progress Reports may also be submitted by the following methods, **as long as they are followed by the original Progress Report by U.S. mail:**

- Facsimile Progress Reports will be accepted as meeting the deadline if the time stamp on the facsimile as it is received at PCRH is prior to 12:00 midnight on the day the Progress Report is due. This may be different from the date stamp of the outgoing fax

- 1 "Encounter" means a face-to-face contact between an eligible individual and the GRANTEE's provider who exercises independent judgement in the provision of services to the eligible individual and where the services provided under the State Primary Care Grants Program are rendered and recorded in the eligible individual's record.
- 2 Users are defined as "Eligible Individuals," who received at least one face-to-face encounter October 1, 2007 through June 30, 2008.

machine, so allow additional time for the difference. The fax number is **(801) 538-6387**.

- Hard copies will be accepted as meeting the deadline if they are received through the U.S. mail on the date they are due. The mailing address is:

**Office of Primary Care and Rural Health
Utah Department of Health
P.O. Box 142005
Salt Lake City, Utah 84114-2005**

Hard copies will be accepted as meeting the deadline if they are received through a non-U.S. Mail package system or hand delivered to PCRH by 5:00 p.m. on the due date. The street address is:

**Office of Primary Care and Rural Health
Utah Department of Health
288 North 1460 West, Second Floor
Salt Lake City, Utah 84116**

PENALTIES

A penalty of \$100.00 per work day may be assessed for late or incomplete Progress Reports. A penalty of \$150.00 per work day may be assessed for a late or incomplete Final Progress Report (due no later than July 15, 2008). The penalty may be assessed until a complete, accurate report has been submitted and approved. It must contain **all** the information specified in these Progress Report Instructions and Tables including the identifying information, financial information, all the narrative information required for that reporting period, and correct statistical tables. If GRANTEE funds have already been expended, these penalties may be applied to future grant awards given to a GRANTEE under the State Primary Care Grants Program.

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Please remember that information on the Progress Report is required and must be submitted in one (1) complete packet.

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**Cumulative Progress Reports - State Primary Care Grants Program**  
Office of Primary Care and Rural Health, Utah Department of Health

Name of Grantee \_\_\_\_\_  
Name of Grant: 2007-2008 NEW SPCGP- \_\_\_\_\_  
Name of individual responsible for completing this report \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

| Please Check <b>ONLY</b> One (1) Box:                           | Reporting Period Covered by This Progress Report:                |
|-----------------------------------------------------------------|------------------------------------------------------------------|
| Due Date: December 15, 2007 <input checked="" type="checkbox"/> | <b>NEW PROJECTS ONLY:</b> October 1, 2007 thru November 30, 2007 |
| Due Date: February 15, 2008 <input type="checkbox"/>            | <b>ALL PROJECTS:</b> October 1, 2007 thru January 31, 2008       |
| Due Date: April 15, 2008 <input type="checkbox"/>               | <b>ALL PROJECTS:</b> October 1, 2007 thru March 31, 2008         |
| Due Date: June 15, 2008 <input type="checkbox"/>                | <b>ALL PROJECTS:</b> October 1, 2007 thru May 31, 2008           |
| Due Date: July 15, 2008 <input type="checkbox"/>                | <b>ALL PROJECTS:</b> October 1, 2007 thru June 30, 2008          |

**1. Encounter <sup>1</sup> information**

| Baseline Data for Your Agency                                                       |                                                                                         | Primary Care Grant Encounters                                                               |                                                                                                  |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Total number of encounters <sup>1</sup> for your "Agency's" most recent fiscal year | Projected total number of patient encounters <sup>1</sup> for the primary care grant ** | Total number of primary care grant patient encounters <sup>1</sup> for the Reporting Period | Number of <b>new</b> primary care grant patient encounters <sup>1</sup> for the Reporting Period |
|                                                                                     |                                                                                         |                                                                                             |                                                                                                  |

\*\* **Note:** Do not include primary care grant encounters for which SFY 2006-2007 funding was requested.

**For the Tables 2 through 5, Please Use Actual Figures, or Best Estimates of Users Funded by the Grant**

**2. Users <sup>2</sup> by Age**

| Age Groups                      | Number of Users <sup>2</sup> |
|---------------------------------|------------------------------|
| 0 - 19                          |                              |
| 20 - 64                         |                              |
| 65 and over                     |                              |
| <b>Total Users <sup>2</sup></b> |                              |

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Office of Primary Care and Rural Health, Utah Department of Health

Name of Grantee \_\_\_\_\_

Name of Grant: 2007-2008 NEW SPCGP- \_\_\_\_\_

Name of individual responsible for completing this report \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

**3. Users <sup>2</sup> by Income Level**

| Percent of Poverty Level        | Number of Users <sup>2</sup> |
|---------------------------------|------------------------------|
| 100% and below                  |                              |
| 101 - 200%                      |                              |
| Above 200%                      |                              |
| Unreported/unknown              |                              |
| <b>Total Users <sup>2</sup></b> |                              |

**4. Total Users <sup>2</sup> by Insurance Status**

| Number Users <sup>2</sup> Uninsured | Number Users <sup>2</sup> Underinsured |
|-------------------------------------|----------------------------------------|
|                                     |                                        |

**5. Users <sup>2</sup> by Race/Ethnicity**

| Race/Ethnicity                            | Number of Users <sup>2</sup> |
|-------------------------------------------|------------------------------|
| Asian                                     |                              |
| American Indian or Alaska Native          |                              |
| Black or African American                 |                              |
| Native Hawaiian or Other Pacific Islander |                              |
| White                                     |                              |
| Hispanic or Latino                        |                              |
| Other                                     |                              |
| Unreported or Unknown                     |                              |
| <b>Total Users <sup>2</sup></b>           |                              |

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**Cumulative Progress Reports - State Primary Care Grants Program**  
Office of Primary Care and Rural Health, Utah Department of Health

Name of Grantee \_\_\_\_\_  
Name of Grant: 2007-2008 NEW SPCGP- \_\_\_\_\_  
Name of individual responsible for completing this report \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**For Questions 6 through 10,  
Please Limit Your Response to Each Question to No More than One Page**

6. Check ONLY One (1) Box: ☐ Yes Do you continue to maintain a "specified account" for  
☐ No. funding awarded under the GRANT? If No, please  
explain.
7. Check ONLY One (1) Box: ☐ Yes Do you continue to use and maintain a "tracking  
☐ No. methodology" for patients and encounters provided  
services under the GRANT? If No, please explain.
8. Please summarize, **to date**, each of your Project specific activities and outcomes related to the  
Project services and objectives outlined in this GRANT. In responding, please review each Project  
service and objective as listed in this GRANT under Section C. SERVICES, items 6. and 7. You  
should also refer to other Progress Report(s) you have provided during the current GRANT  
PERIOD.
9. Please describe "how" your Agency has met your Project services and objectives, as outlined in  
this GRANT, by providing specific measures and evaluation of success. If the Project services  
and objectives have not been met, please state any concerns that you may have in meeting those  
Project services and objectives, and provide an explanation of your plan of action to meet the  
Project services and objectives. In answering this question, you should refer to other Progress  
Report(s) provided during the current GRANT PERIOD.
10. Optional: If there is other information that you would like to provide about your Project services  
and objectives, implementation of those Project services and objectives, or the need for your  
Project, please describe.

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